

# OFFICIAL

RECEIVED  
CENTRAL FAX CENTER

06/09/2004 15:21 FAX 603 624 9229

DAVIS & BUJOLD, PLLC

JUN 09 2004

009

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.  
PTO/SB/122 (10-01)  
Approved for use through 10/31/2002. OMB 0951-0035  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

|  |                        |                 |
|--|------------------------|-----------------|
| <b>CHANGE OF<br/>CORRESPONDENCE ADDRESS<br/>Application</b><br><br>Address to:<br>Assistant Commissioner for Patents<br>Washington, D.C. 20231 | Application Number     | 09/677,495      |
|  | Filing Date            | October 4, 2000 |
|  | First Named Inventor   | POLLON et al.   |
|  | Art Unit               | 3711            |
|  | Examiner Name          | Mark S. GRAHAM  |
|  | Attorney Docket Number | 1801AM P23305   |

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number 020210 

Type Customer Number here

OR

☒ Firm or Individual Name DAVIS & BUJOLD, P.L.L.C.

Address FOURTH FLOOR

Address 500 NORTH COMMERCIAL STREET

City MANCHESTER State NH ZIP 03101-1151

Country U.S.A.

Telephone 603-624-9220 Fax 603-624-9229

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).

☒ Attorney or Agent of record.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed Name Michael J. BUJOLD

Signature 

Date June 9, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.